

541 - COORDINATION OF CHILDREN’S CARE WITH OTHER GOVERNMENT AGENCIES

EFFECTIVE DATES: 07/01/2016, 04/01/17

REVISION DATES: 02/02/17

I. PURPOSE

This Policy applies to Acute Care, ALTCS E/PD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), RBHA Contractors, and Fee-For-Service (FFS) Programs as delineated within Policy.

AHCCCS requires Contractors to develop and maintain a collaborative relationship with other government entities that deliver services to members and their families to ensure access to services, consistent quality and to coordinate care.

Appropriate authorizations to release information shall be obtained prior to releasing information.

II. DEFINITIONS

CHILD AND FAMILY TEAM (CFT)

A defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child’s life and who are identified and invited to participate by the child and family. This may include, for example, physical health provider, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like the Arizona Department of Child Safety (DCS) or the Division of Developmental Disabilities (DDD) etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

SERVICE PLAN

A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

- STATE PLACING AGENCY** One of the following government agencies with the authority to place a student in a residential treatment center for care, safety, or treatment: Department of Juvenile Corrections, Department of Economic Security, Department of Child Safety, the Arizona Health Care Cost Containment System or the Administrative Office of the Court. (A.R.S. §15-1181(12).
- TEAM DECISION MAKING** When an emergency removal of a child has occurred or the removal of a child is being considered, a Team Decision Making (TDM) Meeting is held. The purpose of the meeting is to discuss the child's safety and where they will live.

III. POLICY

Contractors shall develop policies, protocols and procedures that describe how members will be served and how care will be coordinated and managed with other governmental entities. Contractors are responsible for ensuring that all needed collaboration with government agencies occurs.

Contractors shall ensure that all required protocols and agreements with State agencies are included in provider manuals and required of their contracted providers. Contractors shall develop mechanisms and processes to identify any and all barriers to timely services, access to care, coordination of care and quality of services for eligible and enrolled members served by other governmental entities and work collaboratively to remove barriers to care and resolve any quality concerns.

A. CHILDREN'S SERVICES

1. Contractors shall be consistent with the service goals established by other agencies serving the child and/or family.
2. Behavioral health Service Plans shall be directed by the Child and Family Team (CFT) and the Team should seek the inclusion of other involved agencies in the planning process.
3. Contractors shall ensure that service delivery is consistent with the AHCCCS Child and Family Team Practice Tool and the Arizona-Vision Twelve Principles for Children Service Delivery as outlined in AMPM Policy 430.

B. DEPARTMENT OF CHILD SAFETY (DCS)

1. General Requirements
 - a. Ensure a rapid response - for children and their families upon a child being removed from their home (See ACOM Policy 417.),
 - b. Coordinate the development of the behavioral health Service Plan with the DCS case plan to avoid redundancies and/or inconsistencies,

- c. Provide the DCS Specialist and the juvenile court with preliminary findings and recommendations on behavioral health risk factors, symptoms and service needs for court hearings,
- d. Perform an assessment and identify behavioral health needs of the child, the child's parents and family and provide necessary behavioral health services, including support services to caregivers,
- e. As appropriate, engage the child's parents, family, caregivers and DCS Specialist in the behavioral health assessment and service planning process as members of the CFT,
- f. Attend team meetings such as Team Decision Making (TDM) for the purpose of providing input about the child and family's behavioral health needs. When it is possible, TDM and CFT meetings should be combined,
- g. Coordinate necessary services to stabilize in-home and out-of-home placements provided by DCS,
- h. Provide behavioral health services in support of family reunification and/or other permanency plans identified by DCS,
- i. Coordinate activities and service delivery that supports the DCS child and family plans and facilitates adherence to established timeframes (see ACOM Policy 417, AMPM Policy 580, and Practice Tools: Transition to Adulthood, The Unique Behavioral Health Service Needs of Children, Youth and Families involved with DCS, and The Child and Family Team,
- j. Coordination activities should include coordination with the adult service providers rendering services to adult family members.

C. DCS ARIZONA FAMILIES F.I.R.S.T. (FAMILIES IN RECOVERY SUCCEEDING TOGETHER) PROGRAM

- 1. Contractors shall ensure that behavioral health providers coordinate with parents/families referred through the Arizona Families F.I.R.S.T (AFF) program and participate in the family's CFT to coordinate services for the family and temporary caretakers.
- 2. The AFF program provides expedited access to substance use treatment for parents and caregivers referred by DCS and the ADES/Family Assistance Administration (FAA) Jobs Program. AHCCCS participates in statewide implementation of the program with DCS. Contractors and providers shall:
 - a. Accept referrals for Title XIX and Title XXI eligible and enrolled members and families referred through AFF,
 - b. Accept referrals for Non-Title XIX and Non-Title XXI members and families referred through AFF and provide services, if eligible,
 - c. Ensure that services made available to members who are Non-Title XIX and Non-Title XXI eligible are provided by maximizing available federal funds before expending state funding as required in the Governor's Executive Order 2008-01, ensuring that TXIX is the payor of first resort for all TXIX eligible individuals,
 - d. Collaborate with DCS, the ADES/FAA Jobs Program and substance use treatment providers to minimize duplication of assessments,
 - e. Develop procedures for collaboration in the referral process to ensure effective service delivery through the Contractors behavioral health system. Appropriate

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3. Substance use treatment for families involved with DCS shall be family centered, provide for sufficient support services and shall be provided in a timely manner to promote permanency for children, stability for families, to protect the health and safety of abused and/or neglected children and promote economic security for families.

Contractors are expected to collaborate and coordinate care for members with behavioral health needs involved with Arizona Department of Juvenile Corrections (ADJC) and the Administrative Offices of the Court (AOC).

D. ARIZONA DEPARTMENT OF EDUCATION (ADE), SCHOOLS, OR OTHER LOCAL EDUCATIONAL AUTHORITIES

AHCCCS Contractors are required to work in collaboration with the ADE in support of school environments that promote behavioral health for children and assist with resources and referral linkages for children with behavioral health needs. For children receiving services through Contractors, AHCCCS has delegated to Contractors its authority as a State Placing Agency under A.R.S. §15-1181 for children receiving special education services pursuant to A.R.S. §15-761 et seq. This includes the authority to place a student at a Behavioral Health Inpatient Facility which provides care, safety and treatment.

1. Contractors shall ensure that behavioral health providers collaborate with schools and help a child achieve success in school as follows:
 - a. Work with the school and share information to the extent permitted by law and authorized by the child's parent or legal guardian. Refer to AMPM Policy 550,
 - b. For children who receive special education services, include information and recommendations contained in the Individualized Education Program (IEP) during the ongoing assessment and service planning process (see AMPM Policy 320). The behavioral health provider shall participate with the school in developing the child's IEP and partner in the implementation of behavioral health interventions,
 - c. Invite teachers and other school staff to participate in the CFT if agreed to by the child and legal guardian,
 - d. Understand the IEP requirements as described in the Individuals with Disabilities Education Act (IDEA) of 2004,
 - e. Support accommodations for students with disabilities who qualify under Section 504 of the Rehabilitation Act of 1973,
 - f. Ensure that transitional planning occurs prior to and after discharge of an enrolled child from any out-of-home placement.

E. DEPARTMENT OF ECONOMIC SECURITY (DES)

1. Arizona Early Intervention Program (AzEIP)

Contractors shall ensure that behavioral health providers coordinate member care with AzEIP by:

- a. Ensuring that children births to three years of age are referred to AzEIP in a timely manner when information obtained in the child's behavioral health assessment reflects developmental concerns,
- b. Ensuring that children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery,
- c. Ensuring that, if an AzEIP team has been formed for the child, the behavioral health provider will coordinate team functions so as to avoid duplicative processes between systems.

2. Division of Developmental Disabilities (DDD)

Members qualifying for services through DDD fall into several different categories based on their eligibility status and the extent of their diagnosed disability. Here are the three general groupings and the services offered to those members:

TYPE OF DDD ELIGIBILITY	WHAT BEHAVIORAL HEALTH SERVICES ARE AVAILABLE?	WHO IS RESPONSIBLE FOR PROVIDING THE BEHAVIORAL HEALTH SERVICES?*
Title XIX and eligible for Long Term Care	All Title XIX covered services	Contractors and contracted providers
Title XIX and not eligible for Long Term Care	All Title XIX covered services	Contractors and contracted providers**
Non-Title XIX	Services provided based on eligibility for services*	Contractors and contracted providers based on eligibility for services**

* DDD American Indian members, title XIX and XXI, on- or off-reservation, eligible to receive services, may choose to receive services at any time through a Tribal Regional Behavioral Health Authority (TRBHA)

** See Policy 320-T, Non-Discretionary Federal Grants

Contractors shall ensure that behavioral health providers coordinate member care with DDD by:

- a. Working in collaboration with DDD staff and service providers involved with the member,
- b. Providing assistance to DDD providers in managing difficult behaviors,
- c. Inviting DDD staff to participate in the development of the behavioral health service plan and all subsequent planning meetings as members of the member's clinical team,
- d. Incorporating information and recommendations in the Individual or Family Support Plan (ISP) developed by DDD staff, when appropriate, while developing the member's ISP,
- e. Ensuring that the goals of the ISP, of a member diagnosed with developmental disabilities who is receiving psychotropic medications, includes reducing behavioral health symptoms and achieving optimal functioning, not merely the management and control of challenging behavior,
- f. Actively participating in DDD team meetings,
- g. For members diagnosed with Pervasive Developmental Disorders and Developmental Disabilities, sharing all relevant information from the initial assessment and ISP with DDD to ensure coordination of services.

For DDD members with a co-occurring behavioral health condition or physical health condition who demonstrate inappropriate sexual behaviors and/or aggressive behaviors, a Community Collaborative Care Team (CCCT) may be developed. For additional information regarding the roles and responsibilities of the CCCT and coordination of care expectations refer to AMPM Policy 570.

Contractors shall develop and make available to providers policies and procedures that include information on DDD specific protocols or agreements.